

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-016899

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District

1003

Registrar's No.

4544

STATE FILE NUMBER

FILED MAY 10 1962

## 1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR TOWN *St. Louis*

Length of stay in 1b

*45 years*

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE *Missouri* b. COUNTY

c. CITY

OR TOWN

*St. Louis*

Inside Limits

Yes ☒ No ☐c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION *DePaul Hospital*

Inside Limits

Yes ☒ No ☐d. STREET ADDRESS (If outside, give location)  
*5733 Kennerly Avenue*

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED  
(Type or print)

First

Middle

Last

*James Matthew Honold*

4. DATE

Month

Day

Year

OF DEATH

*May 1, 1962*

## 5. SEX

*Male*

## 6. COLOR OR RACE

*White*7. Married ☒Never Married ☐Widowed ☐Divorced ☐

## 8. DATE OF BIRTH

*11/8/81*

## 9. AGE (last birthday)

*80*

## IF UNDER 1 YEAR

Months

Days

Hours

Min.

## 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

*Retired 1949*

## 10b. KIND OF BUSINESS OR INDUSTRY

*Leschen Rope Co.*

## 11. BIRTHPLACE (City and state or country)

*Hamburg Germany*

## 12. CITIZEN OF WHAT COUNTRY

*U.S.A.*

## 13a. FATHER'S NAME

*John Honold*

## 13b. MOTHER'S MAIDEN NAME

*Anna Honold*

## 14. NAME OF HUSBAND OR WIFE

*Sophia Honold*

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown)

*no*

## 16. (If yes, give war or dates of service)

*none*

## 17. INFORMANT

*Mrs Sophia Honold*

## Address

*5733 Kennerly Ave*

## 18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

*Carcinoma of liver.*

## INTERVAL BETWEEN ONSET AND DEATH

*don't**know*

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

*156.1*

## PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

*none*

## PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED?  
YES ☐ NO ☐

## 20a. ACCIDENT

## SUICIDE

## HOMICIDE

## 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY  
Hour a.m.  
p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐  
NOT WHILE AT WORK ☐

## 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

## 20f. CITY, TOWN, OR LOCATION

## COUNTY

## STATE

## 21. I attended the deceased from

*2-24-62*

to

*5-1-62*

and last saw him alive on

*4-30-62*

Death occurred at

*3:45 AM*

m on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

(Degree or title)

*Walter A. Groenewegen M.D.*

## 22b. ADDRESS

*1515 St. Louis*

## 22c. DATE SIGNED

*5-3-62*

## 23a. BURIAL, CREMATION, REMOVAL (Specify)

*Removal*

## 23b. DATE

*May 4, 1962*

## 23c. NAME OF CEMETERY OR CREMATORY

*St. Paul's Ev. Cemetery*

## 23d. LOCATION (City, town, or county)

*Columbia Illinois*

## (State)

## 24. FUNERAL DIRECTOR

## ADDRESS

*Shepard Funeral Home 1167 Hamilton Ave*

## 25. DATE RECD. BY LOCAL REG.

*MAY 3 1962*

## 26. REGISTRAR'S SIGNATURE

*Earl Smith M.D.*USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

VS 300  
Rev. 4/59

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59.

Dr. Spurgeon  
1515 St Louis

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed

Laurence O. Gering

Licensed Embalmer No.

4979

P. O. Address

Berkeley, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.